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PTO FAX NUMBER: 571-273-8300

To: MS RCE

Commissioner for Patents

Attn: Examiner Camquy Truong, Group Art Unit 2195

P.O. Box 1450

Alexandria, VA 22313-1450

Total Pages, including cover letter: 24

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Title of Document Transmitted: Request for Continuing Examination under 37 CFR §1.114

Customer Assignment No. 027516

Serial No.: 10/038,547

Filed: October 19, 2001

In re Application of: James W. Willen et al.

Title: Operating System Scheduler/Dispatcher with  
Randomized Resource Allocation and User  
Manipulable Weightings

Docket No.: RA-5368

Please charge Deposit Account No. 19-3790 \$790.00 for the Request for Continuing Examination in the subject case. Applicants hereby petition for a ONE-MONTH EXTENSION of time. Please charge Deposit Account No. 19-3790 \$120.00 for this ONE-MONTH EXTENSION, and for any additional fees that may be due, and credit this account for any over payment.

By: Beth L. McMahon  
Name: Beth L. McMahon  
Reg. No: 41,987

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office at 571-273-8300 on the date shown below.

Name: Beth McMahon

Beth McMahon

January 12, 2006

(Signature)

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Group Art Unit: 2195  
Examiner: Camquy Truong

January 12, 2006

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Title: Operating System Scheduler/Dispatcher with Randomized  
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**Request for Continuing Examination under 37 CFR §1.114**


MS RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Madam/Sir,

This Request for Continuing Examination (RCE) is submitted in response to an advisory action mailed 12/12/2005 in this case. Applicants' Response preceding that advisory action was mailed within two-months of the Office Action dated **9/12/2005** which was made **FINAL**. Therefore, this RCE is accompanied by a PETITION FOR A ONE-MONTH EXTENSION OF TIME. Please charge the extension fee and any additional required fees to Deposit Account No. 19-3790, and credit this account for any overpayment.

**CERTIFICATE OF MAILING (37 CFR 1.8(a))**

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(Beth McMahon)

January 12, 2006

(Date)

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